

Exhibit FF



James W. Ballard, M.D.

NIOSH Certified B-Reader

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X-RAY EVALUATION
February 14, 2000

POC# 700900

Ball, Angelean

RTSLVM49 [REDACTED]

PA and lateral views of the chest dated 10/15/99 are reviewed for the presence of, and classification of pneumoconiosis according to the ILO (1980) classification.

Film quality is grade 2 due to slight underexposure. Inspection of the lung parenchyma demonstrates interstitial changes in the mid and lower lung zones bilaterally, consisting of small and irregular opacities of size and shape S/T, profusion 1/0.

Pleural plaques are seen face on bilaterally, extent of 3 bilaterally. No parenchymal infiltrates, nodules or masses are seen. The heart is of normal size and the mediastinal structures are unremarkable.

CONCLUSION: The above parenchymal and pleural changes are consistent with asbestosis provided the subject's exposure history and period of latency are appropriate.


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021400.fos[acb]

MDL-1553-CRMC-0001311

Ball, Angeleon
WORKER'S Social Security Number

TYPE OF READING
A ☒ P

FACILITY IDENTIFICATION

1A. DATE OF X-RAY
MONTH 10 DAY 15 YEAR 95

1B. FILM QUALITY
1 ☒ 2 ☒ 3 ☒ U/R Slightly underexposed

1C. IS FILM COMPLETELY NEGATIVE?
YES ☐ Proceed to Section 5
NO ☒ Proceed to Section 2

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?
YES ☒ COMPLETE 2B and 2C
NO ☐ Proceed to Section 3

2B. SMALL OPACITIES
a. SHAPE / SIZE
PRIMARY
p ☒ q ☐ r ☐
SECONDARY
p ☐ s ☒ q ☒ r ☐ u ☐
b. ZONES
R L
c. PROFUSION
0/ 0/ 0/ 1/ 1/ 1/ 2/ 2/ 2/ 3/ 3/ 3/+
2C. LARGE OPACITIES
SIZE 0 A B C
Proceed to Section 3

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?
YES ☒ COMPLETE 3B, 3C and 3D
NO ☐ Proceed to Section 4

3B. PLEURAL THICKENING
a. DIAPHRAGM (plaque)
SITE 0 R L
b. COSTOPHRENIC ANGLE
SITE 0 R L

3C. PLEURAL THICKENING ... Chest Wall
a. CIRCUMSCRIBED (plaque)
SITE 0 R L
IN PROFILE I. WIDTH
A B C
II. EXTENT
FACE ON
0 1 2 3
III. EXTENT
0 1 2 3
b. DIFFUSE
SITE 0 R L
IN PROFILE I. WIDTH
A B C
II. EXTENT
FACE ON
0 1 2 3
III. EXTENT
0 1 2 3

3D. PLEURAL CALCIFICATION
SITE 0 R L
EXTENT
a. DIAPHRAGM
0 1 2 3
b. WALL
0 1 2 3
c. OTHER SITES
0 1 2 3
Proceed to Section 4

4A. ANY OTHER ABNORMALITIES?
YES ☐ COMPLETE 4B and 4C
NO ☒ Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)
O ax bu ca cn co cp cv d e em es fr h ho l i n j pl px rp lb
(SPECIFY od) OD
Report terms which may be of present clinical significance in this section.
Date Personal Physician notified?
MONTH 02 DAY 14 YEAR 00

4C. OTHER COMMENTS

SHOULD WORKER SEE PERSONEL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C.
YES ☐ NO ☒ Proceed to Section 5

5. FILM READER'S INITIALS JWB
PHYSICIAN'S SOCIAL SECURITY NUMBER
DATE OF READING
MONTH 02 DAY 14 YEAR 00

Complete if
social
security
number is
not
furnished:

NAME (LAST—FIRST—MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

*Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

P-81-5208 REV. 11/91 P

MDL-1553-CRMC-0001309